

PWS ID #: MS _____ Name of PWS: _____ Type: Transient Non-Community Region: _____

Population: _____ Routine Samples Required Monthly: _____

BUREAU OF PUBLIC WATER SUPPLY
2016 RTCR MICROBIOLOGICAL SAMPLE SITE PLAN (TRANSIENT NON-COMMUNITY)

Check only one box:

Option 1 ☐ Resamples will be collected upstream/downstream within 5 service connections as in the Original TCR

Option 2 ☐ Resamples will be collected from alternate fixed sites as now allowed under the Revised Total Coliform Rule

Do you operate year-round? YES ☐ NO ☐ If NO, list months of operation _____

SITE #	PHYSICAL ADDRESS, BUILDING/LOT # & CITY	SITE #	PHYSICAL ADDRESS, BUILDING/LOT # & CITY

We recommend a minimum of 10 sample sites for Routine Sampling.

Attach a map of your system with the sites and well(s) identified.

CERTIFICATION

I certify that as the waterworks operator or legally responsible official for this public water system, I have personally inspected and found acceptable each of these microbiological sample site locations. Routine bacteriological samples must be collected according to this sample site plan. Should this plan change, I will notify the Bureau of Public Water Supply in writing. I further certify that the required chlorine residual samples will be analyzed and recorded at the same time and location as microbiological samples to satisfy Disinfection By Products Rule monitoring requirements.

Certified Waterworks Operator (Please Print)

Daytime Phone Number

Alternate Phone Number

Signature of Certified Waterworks Operator

Date

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